

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/582 942</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3					/		53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	/	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	↔		12	↔		↔	TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS			13				TOTAL CLAIMS						